



Getting Ready for Your Specialist Visit

Specialist Name: _____

Contact Information: _____

Date: _____

Reason for Visit: _____

Other Healthcare Providers I Am Seeing

Name: _____ Phone: _____

Reason I see this healthcare provider: _____

Name: _____ Phone: _____

Reason I see this healthcare provider: _____

Name: _____ Phone: _____

Reason I see this healthcare provider: _____

Prescribed and Over-the-Counter Medicines and Supplements

Name of drug/supplement	Dose	Frequency	Prescribed or recommended by

Name of Pharmacy: _____ Phone: _____

Symptoms I have been having *(include when they started, how frequently you experience these symptoms, and what you do to manage the symptoms)*: _____

Previous tests I have had *(include any lung or heart procedures you have had)*: _____

Questions for My Specialist	Notes
What is my diagnosis?	
What is my treatment goal?	
Can you explain the tests you are ordering?	
What can worsen my symptoms?	
How will my condition be treated and monitored?	
What is combination therapy?	
Are you prescribing anything new today?	
Should I keep taking the medications I am currently taking?	
Are there other things I should do to help manage my condition?	
How will my condition impact my everyday life?	
What is an appropriate level of physical activity for my diagnosis? Do I have any restrictions in my activity?	
How often should I come back to see you to monitor my condition?	
What should I do if my symptoms increase?	
Can you recommend support options for me?	